

Fiscal Year 2010
Massachusetts Low-Income Home Energy Assistance Program (LIHEAP)
Standardized Application Items and Authorization

THIS IS NOT AN OFFICIAL APPLICATION
APPLICANTS MUST APPLY AT A LOCAL LIHEAP (FUEL ASSISTANCE) AGENCY

The following information must be collected from each household.

HOUSEHOLD INFORMATION

Agency Name: _____ Application Number: _____

Application Type: New or Re-certified (if re-certified, # of years in LIHEAP ___)

➤ *How did you hear about the LIHEAP (fuel assistance)? (for new clients only)*

- ☐ Another program (internal referral) ☐ Media ☐ An outside agency (external referral)
☐ Family/Friend ☐ Energy Bucks
☐ Other: _____ (such as, Food Stamp, word-of-mouth, website, flyer or brochure, etc.)

➤ *Do you speak and understand English? (Yes/No)*

If "No" which language(s) do you speak and/or understand? _____

The following information must be collected from each member of a LIHEAP applicant household, including the "Head of Household". Applicants cannot be denied benefit for failure to provide Social Security Number.

INDIVIDUAL INFORMATION

Name: (Last), (First), (Middle Initial)
Gender: (Male/Female)

Date of Birth: (MM/DD/YYYY) Age: (0 - 12 months/yrs.)
Social Security Number: (all nine digits)

Total income (before taxes) and income source for all adult members (age 18 or over) of households, including the Head of Household. Certain fixed income and income sources for minors must be documented and counted.

INCOME SOURCE(S)

- No Income ("0" Income), if yes, attach a completed Low Income/No Income Form
- Wages (including bonuses, tips, overtime, strikers benefit)
- Gross Receipts or Sales (from self-employment): \$_____ (Part I, Line 1, Schedule C, IRS Form 1040)
- Net Self-Employment Income
- Social Security
- Supplemental Security Income (SSI)
- Transitional Assistance for Needy Families (TANF)
- Emergency Aid to Elders, Disabled and Children (EAEDC)
- Unemployment Benefit
- Veterans Benefit
- Retirement/Pension Income and Annuities
- Workers Compensation (including temporary disability insurance payments)
- Interest Income/Dividends (if yes, provide information on the following and supply the most recent statement):
 - ☐ Savings Account ☐ Checking Account ☐ Certificates of Deposit (CD) ☐ Stocks/Bonds
 - ☐ Trust Fund ☐ Pension/retirement funds/IRA ☐ Inheritances
- Rental Income (less allowable deductions)
- Alimony/Child Support
- Odd Jobs Employment Income

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- Other Income (including but not limited to royalties, regular lottery payments, regular insurance payment, regular on-going cash support given to or on behalf of a household by others, stipends, fellowships and other types of financial support used for maintenance, estate or trust income, housing allowances, or any other payment considered income).
- Income from lump sum receipt(s):
 - ☐ Stocks/Bonds
 - ☐ Insurance Payments¹
 - ☐ Capital Gains
 - ☐ One time Alimony or Child Support²
 - ☐ Royalties
 - ☐ Pension/retirement³
 - ☐ Inheritances
 - ☐ Lottery winnings

Exclusions: tax refunds; Earned Income Tax Credit (EITC); Economic Stimulus payment; proceeds from a life insurance policy; life insurance payments; death benefit; cancelled debt; proceeds from a loan; research grants; pension/retirement funds/IRA withdraws (only applies to people who are under 59 ½ years); and tuition reimbursements.

RACE AND ETHNICITY

Race and Ethnicity information should be collected from all household members.

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-Race (two or more races) |
| | <input type="checkbox"/> Hawaiian or Pacific Islander | |

EDUCATION LEVEL OF ADULTS (FOR PERSONS AGE 24 AND OLDER)

- | | | |
|--|--|---|
| <input type="checkbox"/> 0 – 8 th grade | <input type="checkbox"/> 9 th grade - 12/non-graduate | <input type="checkbox"/> High School graduate |
| <input type="checkbox"/> Some postsecondary | <input type="checkbox"/> 2 or 4 year college graduate | |

OTHER CHARACTERISTICS

Health Insurance Type

- | | | | | |
|---|---|-------------------------------------|--|--|
| <input type="checkbox"/> Private | <input type="checkbox"/> Medicare | <input type="checkbox"/> MassHealth | <input type="checkbox"/> Commonwealth Care | <input type="checkbox"/> Commonwealth Choice |
| <input type="checkbox"/> Other: (specify) | <input type="checkbox"/> None (no health insurance) | | | |

Disability

- *Is any member of the household physically or mentally handicapped? (Yes/No)*

The following information must be collected from each household

HOUSEHOLD INFORMATION

MAILING ADDRESS

Street Number and Name Suffix Apartment # City or Town* State ZIP Code
Telephone number (including the Area Code)

¹ Excluding third party including personal injury and life insurance payments.

² Paid in lump sum in lieu of monthly payments.

³ Only applies to applicants who are 59 ½ years of age or older.

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HOME ADDRESS (IF DIFFERENT FROM ABOVE)

Street # and Name Suffix Apartment # City or Town* State ZIP Code
Telephone number (including the Area Code)

*** Standard City or Town name must be used.**

FAMILY TYPE

- | | |
|---|--|
| <input type="checkbox"/> Single Parent/Female Head of Household | <input type="checkbox"/> Single Parent/Male Head of Household |
| <input type="checkbox"/> Two-Parent Household | <input type="checkbox"/> Single Person |
| <input type="checkbox"/> Two Adults (no children) | <input type="checkbox"/> Other (for choices that are not listed above) |

FAMILY SIZE

- Number of people in the household

HOUSEHOLD QUESTIONS

- *Is any member of the household a U.S. Veteran? (Yes/No)*
- *Does any member of the household receive Food Stamps? (Yes/No)*
- *Does any member of the household participate in Women Infant & Children (WIC) Program? (Yes/No)*
(Only applies to agencies that operate a WIC program)
- *Do you receive Foster Care payments? (Yes/No)*

HOUSING TYPE

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Condominium | <input type="checkbox"/> Two Family | <input type="checkbox"/> Multi-Family (3 or More Family) |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Other | If multi-family, number of units in the building | |

HOUSING STATUS, SUBSIDY, AND COST OF HOUSING

- ☐ Own ☐ Rent ☐ Other (specify)

The following information must be collected from all renter applicants.

Landlord's Name
Street # and Name Suffix Apartment # City or Town* State ZIP Code
Telephone number (including the Area Code)

*** Standard City or Town name must be used.**

- *Do you live in public or subsidized housing? (Yes/No) (If "Yes", type of subsidy – HCVP (Section 8), MRVP, AHVP, Chapter 707, other, not known)*
- *Housing Cost:\$(Monthly)*

(For LIHEAP purpose, monthly mortgage cost for homeowners must include principal, interest, condo fee (if applicable), real estate taxes, and Insurance). Attach documentation (for all new and "0" income recertified applicants).

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- *Do you own a real estate other than your primary home where you currently reside? (Yes/ No)*
If yes, type/use of second home: _____ Assessed value of second home: \$_____
(The definition of real estate includes vacation home, second home, income properties, etc.)

Energy Conservation

- *Do you pay for your own heat? (Yes/No)*
➤ *How do you heat your home? (Oil, Natural Gas, Coal, Kerosene, Firewood, Propane, Electric, Other)*
➤ *Is heat included in the rent? (Yes/No)*
➤ *Do you share your heating system? (Yes/No)*
➤ *Does the heating system need repair? (Yes/No)*

Supplier Information (as it appears on the bill)

HEATING COMPANY INFORMATION

- Heating Company's Name:
- Name on heating bill (if different from applicant's or person applying):
- Heating account number:

ELECTRIC COMPANY INFORMATION

- Electric Company's Name:
- Name on electric bill (if different from applicant's or person applying):
- Electric account number:

GAS COMPANY INFORMATION

- Gas Company's Name:
- Name on gas bill (if different from applicant's or person applying):
- Gas account number:

REQUIRED ATTACHMENTS

- Application Instructions
- LIHEAP Brochure
- The Income Calculation Worksheet
- The Low-Income/No Income Form (complete this form if your monthly income does not exceed monthly housing costs by \$200 or more. See the FY 2010 LIHEAP Administrative Guidance for further information.

AUTHORIZATION

I understand that this is an application for Fuel Assistance and it will be treated as an application for and used to determine my eligibility for the benefits of three (3) programs: **Fuel Assistance** which helps pay the cost of home heating energy; **Weatherization Assistance** which makes homes more energy efficient and comfortable and **Heating System Assistance** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement.

A copy of this application and any associated documentation will be forwarded by the Fuel Assistance agency (**AGENCY**) to the Weatherization and Heating System Assistance programs, whether operated by the **AGENCY** or by a separate agency. I understand that if this is an application filed only for Weatherization or Heating System Assistance programs either during or after the fuel assistance enrollment period, it will not be treated as an application for Fuel Assistance. I also understand that the **AGENCY** may share information concerning my application and benefits with the Massachusetts Department of Housing and Community Development (DHCD) for program purposes.

I understand that eligibility for Fuel Assistance does not automatically guarantee eligibility for the Weatherization or Heating System Assistance programs since eligibility requirements are not identical. I understand that due to demand, the timing of receipt of Weatherization or Heating System Assistance benefits for which I am eligible, and which I accept, cannot be guaranteed. I also understand that my eligibility for Fuel Assistance does not guarantee the receipt of Fuel Assistance benefits, since the funds allocated are not sufficient to serve all eligible households.

I certify under the penalties of perjury that all statements contained in this application are true to the best of my knowledge and that there is no understatement or misstatement of income or any other information on this application. I authorize the **AGENCY** to contact any and all pertinent individuals, agencies and companies to verify the information contained in this application and to determine my household's eligibility. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents. The **AGENCY** or **DHCD** may refer information concerning my application, including personal information indicating a violation of law, to the Attorney General or a District Attorney for investigation and enforcement. I further understand that all adult household members' income may be matched against the Wage Reporting System of the Massachusetts Department of Revenue (DOR) as disclosed in the Wage Match Notice below.

I understand that the **AGENCY** shall use and hold personal information in its records relating to me, including my social security number, only for the program purposes described in this application, unless the **AGENCY** otherwise obtains my consent. The **AGENCY** shall keep this information confidential. Only employees of the **AGENCY** and the other agencies or entities described herein may see this information or keep it in their records for the purposes described herein. These other agencies or entities shall also keep this information confidential. If the **AGENCY** receives an order pursuant to legal process to release personal information to anyone else, it shall notify me. If I ask, the **AGENCY** shall answer my questions about how it keeps and uses this information. If I ask, I, or my authorized representative, shall have the right to inspect and copy information collected about me. I may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the **AGENCY** holds about me. If I object, the **AGENCY** shall investigate my objections and will either correct a problem or make my objection part of the file. If I am dissatisfied, I may appeal to DHCD.

I understand in the event I receive Fuel Assistance and I am later determined to be ineligible, I shall be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay. I understand that I shall be fully liable for repayment for any Fuel Assistance benefits and/or the full value of any weatherization assistance or heating assistance labor and materials that I incorrectly receive as a result of any inaccurate, incomplete or fraudulent statements.

I declare that I am the only person living in the household who has submitted this application for benefits, and that neither I nor any other member of my household has previously applied for assistance this program year. I authorize the **AGENCY** to transfer any and all of this information to the appropriate agency in the event that I move to another agency's service area and request assistance at a new address.

I authorize the **AGENCY** to obtain a record of my annual energy consumption and cost from my heating company for purposes of program evaluation or operation.

I understand that I have a right to file an appeal of the **AGENCY'S** decision on my eligibility or benefits in accordance with the procedures of the program.

I have read the above and agree to the conditions set forth therein.

AUTHORIZATION - INFORMATION SHARING FOR HEATING AND UTILITY DISCOUNTS AND BENEFITS

I authorize the **AGENCY** to provide my heating company/utility and my secondary energy company/utility with information concerning my Fuel Assistance application if this could result in a discounted heating/energy bill.

I further authorize the **AGENCY** to share my name and address, identifying me as a Fuel Assistance recipient, with my telephone and other supplier/company/utility information if this could result in a discount or other benefit from the supplier/company/utility. The **AGENCY** may also request that I supply account number information for this purpose.

I understand that this authorization is for my benefit and I do not have to agree in order to receive assistance under this application. I have read the above authorization and agree to its terms; however, if I do not agree, I shall so indicate on the front of this application (under the Applicant Signature section) in accordance with instructions from the **AGENCY**.

WAGE MATCH NOTICE

In accordance with state law (M.G.L. c. 62E), this **AGENCY** shall participate along with the DHCD in the Massachusetts Wage Reporting System (Wage Match). The income reported by fuel assistance, weatherization, and/or heating system assistance recipients may be matched with wages reported by employers to the Massachusetts Department of Revenue (DOR). We are asking you to provide or verify your social security number for this purpose. We are also asking all adult members of your household (18 years of age or older) to provide or verify their social security numbers for this purpose. You and adult household members do not have to provide or verify social security numbers to be determined eligible under this application for the fuel assistance, weatherization, and/or heating system assistance programs.

If your household is included in the Wage Match, this **AGENCY** shall provide social security numbers, along with the names of the head of household and all adult household members, to DHCD. DHCD shall forward this information to DOR, or DHCD may match this information directly by computer. The income information you have reported to us for the fuel assistance, weatherization, and/or heating system programs shall be matched with wage/income information reported by employers to DOR. DOR shall provide DHCD with information from its records regarding your income and the income of other members of your household, and DHCD shall inform this agency of this income information.

If the income information you reported to us does not match the information reported by employers to DOR, we shall contact you as the head of household. We shall meet and work with you and any adult household member whose income information is in question to try to resolve a "mismatch". However, if we cannot resolve a "mismatch", and we determine that the household has incorrectly underreported income to us, we may take one or more of the following actions: (1) adjust the household benefit level; (2) terminate benefits or assistance to the household; (3) seek repayment of payments incorrectly made to or on behalf of the household; and/or (4) reduce any future benefits by amounts not repaid. If we take any of these actions, you as head of household shall have the right to dispute our decision through this **AGENCY'S** Appeals Process and in court.

Any "mismatch" that cannot be resolved by this **AGENCY** could also result in referral to DHCD. Information concerning you and adult household members may also be referred to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General's Office and may result in further investigation, action, and/or criminal prosecution.

If you or adult household members do not or cannot provide or verify social security numbers for this **AGENCY**, your name and the names of all adult household members shall still be submitted to DOR in the event of a wage match. After you have read this notice, if you are still concerned about the wage match, call your local legal services office.